Applicat										on or Dockel Number			
PATENT APPLICATION FEE DETERMINATION RECORD									69/821587				
CLAIMS AS FILED - PART I (Column 1) (Column 2)											OTHE	R TL	· ·
FOR NUMBER FILED				NUMBER EXTRA			RATI	FEE FEE	OR 7	RATE	EN	LitA	
BASIC FEE										1		'	FEE
TOTAL CLAIMS			7.6	o minu	s 20 = •	. 4		x\$	=	OR		\$ -	150
INDEPENDENT CLAIMS			3	11111	us 3 =	· P		x. =		OR	x\$ <sub>12</sub> .=	'	
MULTIPLE DEPENDENT CLAIM PRESENT									OR	×84.=	<u> </u>		
* If the difference in column 1 is less than zero, enter					)" in column 2			TOTAL	=	OR	+ =		! 
CLAI			SASA	MENDE	) - DART	DADTII			·	OR	TOTAL	75	50
			mn 1)		(Column 2) HIGHEST		(Column 3)	SMA	LL ENTITY	OR	OTHE SMALL	R TH	IAN TITY
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	FIRST PRE	SENTATIO	ON OF N	MULTIPLE DEPENDENT CLAIM				+ =		OR	+. =		•
<i>^</i>		(Column	1 1)		(Colum	nn 2)	(Column 3)	TOTA ADDIT, FE	L E	OR ,	TOTAL ADDIT, FEE		·
a l		CLAIN REMAIN AFTE AMENDM	ING R	PREV PAI		EST. BER OUSLY FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	TIC	DDI- DNAL EE
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FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+ =	•	OR	+· =		
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AIMENDMEN! Q	200	CLAIMS REMAINING AFTER AMENDMENT			HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	TIO	DI- NAL EE
چ ا	Total	. 20		Ainus		e	2	x\$ =		OR	x\$ '=		
	ndependeni	· 3	) N	Ainus	· /	<u> </u>		X =		OR	× =		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM												$\overline{}$
If the entry in column 1 is less than the entry in column 2, write "0" in column 3										OR	TOTAL		
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PTO/SB/06 (08-03) Approved for use through 7/31/2006, OMB 0651-0032

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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. PATENT APPLICATION FEE DETERMINATION RECORD Application or Docket Number Substitute for Form PTO-875 CLAIMS AS FILED - PART I OTHER THAN SMALL ENTITY OR SMALL ENTITY (Column 1) (Column 2) NUMBER FILED NUMBER EXTRA RATE FEE FFF RATE BASIC FEE (37 CFR 1.16(a)) OR TOTAL CLAIMS (37 CFR 1.16(c)) minus 20 = OR INDEPENDENT CLAIMS (37 CFR 1.16(b)) minus 3 =X S OR = MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) OR \* If the difference in column 1 is less than zero, enter "0" in column 2. TOTAL OR TOTAL CLAIMS AS AMENDED - PART II OTHER THAN OR (Column 2) (Column 3) V) (Column 1) SMALL ENTITY SMALL ENTITY CLAIMS HIGHEST PRESENT REMAINING NUMBER RATE ADDI-RATE ADDI-**PREVIOUSLY EXTRA** TIONAL **AFTER** TIONAL AMENDMENT PAID FOR FEE FEE ũ Total (37 CFR 1.16(c)) Minus NDW OR Independent (37 CFR 1.16(b)) Minus 面 x s OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.46(d)) + 5 OR + \$ TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST m PRESENT REMAINING NUMBER RATE ADDI-RATE ADDI-ENT PREVIOUSLY **AFTER EXTRA** TIONAL TIONAL AMENDMENT PAID FOR FEE FEE Total (37 CFR 1.16(c)) Minus MON OR Independent (37 CFR 1.16(b)) Minus = Ш OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS **HIGHEST**  $\circ$ PRESENT REMAINING NUMBER RATE ADDE RATE ADDI-ENT **EXTRA AFTER** PREVIOUS! Y TIONAL TIONAL PAID FOR AMENDMENT FFF **FFE** Total Minus ENDM (37 CFR 1.16(c)) OR Independent (37 CFR 1,16(b)) Minus Σ FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE " If the entry in column 1 is less than the entry in column 2, write "0" in column 3. \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20" "" If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.